

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

PETER T. DALLEO
Clerk

UNSEALED 6/8/05
844 KING STREET
WILMINGTON, DE 19801
(302) 573-6170

~~SEALED~~

May 5, 2005

Jose L. Ongay
521 South Second Street
Philadelphia PA 19147

~~SEALED~~

14

RE: U.S.A. v. Jenelle Ruiz-Martinez
Criminal Action No. 05-41-1

Dear Mr. Ongay:

Enclosed is a copy of the Court's order appointing you counsel under the Criminal Justice Act in the above criminal case. This appointment requires representation of the defendant for all proceedings in this Court. When the proceedings in this Court are completed, the attached voucher should be submitted to this office within 45 days, with the enclosed worksheets, for approval of payment. Please complete box 21, Case Disposition, using the Case Disposition Codes provided.

If an appeal is taken in this matter the Court of Appeals will generally appoint you to represent the defendant for the appellate proceedings. The Clerk of the 3rd Circuit Court of Appeals will issue another CJA voucher for service rendered in their Court. If the Notice of Appeal is filed and you wish to withdraw as counsel, please address said motion to the Clerk, 3rd Circuit Court of Appeals.

Sincerely,
PETER T. DALLEO, CLERK
BY: Maria D. Moore
Deputy Clerk

PTD/mdm
enclosure

cc: AUSA

50. 1110 3 5 144
DISTRICT OF DELAWARE
FILED

03713

1. CIR./DIST./DIV. CODE DEX	2. PERSON REPRESENTED RUIZ-MARTINEZ, JENELLE			VOUCHER NUMBER 00050505001		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000041-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. RUIZ-MARTINEZ		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=NP.F -- CONSPIRACY TO POSSESS NARCOTICS						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ONGAY, JOSE L. 521 South Second Street PHILA. PA 19147		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Maria P. Moore</i> Signature of Presiding Judicial Officer or By Order of the Court 04/25/2005 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		15. CATEGORIES (Attach itemization of services with dates)				
		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. FOR COURT USE ONLY		
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ 90.00)		TOTALS:				
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$ 90.00)		TOTALS:			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 4-25-05 TO _____					20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					Signature of Attorney: _____ Date: _____	
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT					28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE				